REPUBLIC OF GHANA

What works? What fails?

FINDINGS FROM THE NAVRONGO COMMUNITY HEALTH AND FAMILY PLANNING PROJECT

NAVRONGO HEALTH RESEARCH CENTRE

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LOOKING BEYOND WHAT WORKS

Dr. Abraham Hodgson, MB ChB, MPH, PHD, is Director of the Navrongo Health Research Centre. **Q**: *'Now we know what works and what fails, what next'?* ***A****: 'We're looking beyond what works to making what works work for others'.*

A lot of districts have tried to replicate the CHFP; some have been more successful than others. What does it take to successfully replicate the CHFP?

Some have been able to understand better what the CHFP experiment set out to address and the methods used. They have subsequently been able to analyze their own situation and adapt the CHFP methodology to it. The NHRC has also facilitated the work of others by giving them practical onsite orientation of the experiment so as to enable them to successfully replicate it. Of course, those who were in doubt always came back to seek technical assistance. Nkwanta District has been here many times and I have now lost count of the number of times Juabeso Bia District has sent teams here for orientation! Monitoring results from the Policy Planning, Monitoring and Evaluation Division (PPME) of the Ghana Health Service (GHS) clearly show that these two districts are among the most successful in the implementation of the Community-based Health Planning and Services (CHPS) Initiative.

What exactly does Navrongo do to orient districts to the CHPS process?

Two main things: i) by providing practical onsite training to districts that visit Navrongo, and ii) following up with districts to see what difficulties they encounter in the process of putting what works to work. When districts visit Navrongo they are usually taken through a few hours of presentations on the activities of the Centre generally, before zeroing in on the CHFP. They are then taken out into the field where they spend a week or two with the resident nurse to get a practical feel of how the system works. The nurse takes them out on compound visits so that they see service delivery in real practice. No one comes to Navrongo for practical orientation to CHPS and leaves without the conviction and resolve that they too can do it in their communities. The second thing Navrongo does is to go on follow-up visits to districts to see how they are rolling out the programme and provide situational technical support. These two main activities have turned out to be exceedingly rewarding even for Navrongo as there has been a great deal of cross fertilization of ideas to improve the process.

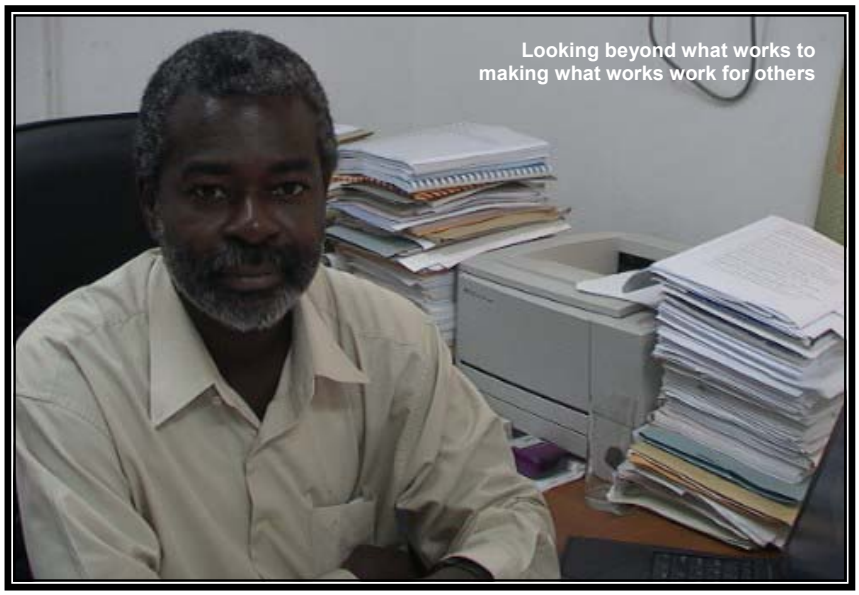
A district public health nurse from Juabeso Bia in Navrongo to study how the system works

The *What works? What fails?* series has been developed to guide districts in the replication of the CHFP. Do you think these notes have been useful at all to the districts?

Usually after an experiment like this generates results, project reports are written which are often too bulky or laced with too much jargon to be of interest to people other than the scientific community. But scientific information is not meant for scientists alone—there are ordinary people who want to have access to the information and use it. *What works? What fails?* was developed to address the need to break scientific information down into simple-to-read formats. People want to know what works and what fails and this is the need that the series addresses. The notes are in

great demand and we have had to reprint them over and over again. This demand is even set to increase over the next few years as the country's development partners make commitments to assist the country to implement the programme on a countrywide scale. But I have recently been concerned though, that the notes may not be getting to all the districts as regularly as they should and I have asked that our mailing strategies and distribution system be reviewed.

How did you engage communities in this? Were community members really involved in the experiment?
As a field-based study we knew right from the outset that if we did not engage the communities in the experiment we had already failed even before we have started. We approached the chiefs and their people and they served as project consultants. We laid the issues before them making them under-stand that we had a common goal of improving the health of the people and that together we could find the most effective solutions. Thereafter the commun-ities selected people to be trained as health volunteers who went back to assist in health care delivery. The community also received the resident nurse with open arms and, through communal labour, provided accommodation for her. They also ensured her safety and comfort but above all, they patronized the services that were now at their doorstep. Ongoing dialogue kept con-flict at bay and ensured that problems did not arise to disrupt the exper-iment. This has been a very effective way of mobilising communities and getting them involved in delivering health care.



Are there any plans to spread the CHFP across the country's borders?
Yes indeed. The results of the experiment cannot be confined within the country's borders alone. We owe a duty to humanity to make the results of our experiment readily available to other countries. We have begun to set the broad outlines for a meeting with policymakers of some neighbouring countries. We intend to present findings of the experiment and encourage them to try out the Navrongo-like service delivery model. With time we should be able to visit them to see how they are adapting Navrongo to their settings. I should add that *What works…* has already gone international—notes have been posted on the Navrongo website at www.navrongo.org or on the CHPS site at www.ghana-chps.org. Besides, electronic copies are mailed to over 280 recipients worldwide.

What are your next steps in the development of the *What works…* series?
The main aim of the series was to build consensus that the CHFP can be replicated. This has largely been achieved. The complete works of the series are being compiled and bound into one single volume. But we are looking beyond that, especially so, as people begin to ask for practical steps to replicate the process. So right away we are talking about a toolkit—an implementation manual. People need ready-to-use information on, for instance, how to enter a community and engage the people in discussions about improving health, how to build consensus for building a nurse's compound, how to determine the location of a compound without any controversy, and how to choose volunteers and what scope of work they should be assigned. These are some of the issues that the implementation manual would address. We are also producing video clips on the implementation milestones to guide those who want to launch the programme but are not able to visit Navrongo before they start. We are currently experimenting with producing CD-ROM versions of the *What works…* notes with embedded video clips. We hope that we can find partners who would support us and speed up these processes so that many more people can benefit from the project.

Send questions or comments to: What works? What fails?
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This series has been launched to share experiences with people in Ghana and elsewhere around the world about what has worked and what has failed in an experiment to make primary health care widely accessible to rural people. The Kassena-Nankana community, whose active participation made *The Navrongo Experiment* possible, are hereby duly acknowledged. This publication was made possible through support provided by the Office of Population, Bureau for Global Programs, Field Support & Research, U.S. Agency for International Development, under the terms of Award No. HRN-A-00-99-00010. The opinions expressed herein are those of the authors and do not necessarily reflect the views of the U.S. Agency for International Development. Additional support was provided by a grant to the Population Council from the Bill and Melinda Gates Foundation. The Community Health Compound component of the CHFP has been supported, in part, by a grant of the Vanderbilt Family to the Population Council.